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ABSTRACT

This is the final project-outcomes report of the Home Aid for Parents in Preschool Education (H.A.P.P.E.) which had as its ultimate goal the development of a variety of materials for the education of parents of preschool children and future parents (e.g. high school child development students). Results are described in terms of the six project components: (1) Child Development (includes an evaluation of an in-school preschool staffed by high school students as a practicum to their child development class); (2) Hospital Program; (3) Audio-Visual Programs (includes data tools in the development of "Parent and Child: Partners in Growth"; an adjunct to high school child development classes, parent discussion groups, hospital and public library programs; and evaluation of a dial access consultation system relating to the development and management of preschool children); (4) Screening (home use); (5) Screening (clinical); (6) Parent Discussion Groups. (MS)

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Final Report of Project Outcomes
Project H.A.P.P.E.
(Home Aid for Parents in Preschool Education)
Title III, E.S.E.A.
Project #59-73-0160
Oconomowoc Public Schools
Oconomowoc, Wisconsin

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PS008840

FORWARD

The Title III, E.S.E.A. project described in this report began operation in 1973. During its third operational year it was awarded national validation by the U.S.O.E. as an outstanding Title III, E.S.E.A. project in Wisconsin.

The ultimate goal of Project H.A.P.P.E. (Home Aid for Parents in Preschool Education) was the development of a variety of materials for the education of parents of preschool age children and future parents (e.g. high school child development students.) The report that follows describes the results of the development of materials in the six project components more completely described in the project brochure.

It is hoped that readers of the brochure and report will be encouraged to use these materials in local programs of parent education.

REPORT OF PROJECT OUTCOMES

As is indicated in the chart on page 17, all components of the project have met with success in varying degrees. All components have enjoyed at least one completed local adoption and have attracted the attention of educators and agencies from all over the state and from at least fifteen additional states. Given these facts, the project long-range goal and objective, to develop delivery systems and information for parent education, have been exceeded.

1.0 COMPONENT: Child Development

PERFORMANCE OBJECTIVE

By the end of the project, each of the four cooperating Child Development teachers will have successfully implemented a minimum of one project developed mini-course supplement, as measured by

a) a 20% increase on a pre-post test at the comprehension level

b) the acceptable solution by 80% of the students participating of a problem solving exercise at the application level as judged by Child Development professional (e.g. teacher).

c) written subjective comments by 80% of the student participants identifying at least three concepts or skills that they perceive as being of value to them as future parents as measured by a mean score of 4 on a 1-5 Likert scale (not valuable - very valuable).

RESULTS

Approximately 175 seniors in high school have utilized Project developed materials. Data collected in the form of pre and post tests at the knowledge level, application level exercises and on-site observations suggest that the program's strengths lie in the areas of student affective gain and of management of an in-school preschool with high school students serving as teachers. Although it was initially anticipated that cognitive domain gains would be paramount, little statistical evidence is available to support this case.

However, the Kettle Moraine Helping Children Learn supplement which was used in various formats in the other three cooperating districts is considered educationally significant for several reasons:

Participants--teachers, high school students, and preschoolers--seemed to enjoy the experience. This information comes from the teacher comments and on-site visits by Project staff and State consultant. It is taken to reinforce the idea that a practical experience with preschool children can be of interest to high school students.

The smooth functioning of all segments of this program indicates that a workable format for a laboratory school operation was devised. Although student follow-through on some items was not as high as might have been desired, participation by all students--high and low achievers--was sufficient to maintain program functioning and provide a valuable experience for the preschool children.

There has been a major effort undertaken at U.S.O.E. to promote educational programs in the area of child development/rearing. This education for parenthood effort has, as one of its components, stressed the importance high school classes with a practicum. The practicum element is directly addressed by this component.

Finally, the interest at the local and state levels in the program is considered significant. It is felt this interest reflects the perceived meeting of a need. Perhaps the most convincing factor in this argument is that the Helping Children Learn unit has been adopted by the Kettle Moraine district as a permanent part of its Child Development program.

In conclusion, an in-school preschool for children can be staffed by high school students to the advantage of all involved. While cognitive domain gains may not be particularly great, affective domain gains are high and the overall benefits to the high school students of the "on-line" contact is considered worthy of serious consideration. Since the materials have been designed for and used with what are considered typical high school students, they are considered easily adaptable to virtually any high school program.

2.0 COMPONENT: Hospital Program

PERFORMANCE OBJECTIVE

By the end of the project, a post-partum parent education project will have been established in cooperation with the Lakeland Hospital in Elkhorn and the local health professionals (the Oconomowoc and Hartford Hospitals on a continuing basis) which will include one of the following alternate delivery systems (to be chosen by Project and local personnel) for parents of the newborns such that 80% of the eligible population will participate and such that 75% of the participants will indicate (yes-no) that sessions have been of value:

a) a weekly post-partum mother's discussion group to be held in hospital if the weekly census exceeds 3 births;

b) a monthly post-partum parent discussion group to be held by local pediatricians or physicians for their own parents who delivered in the past month;

c) a monthly post-partum parent discussion group to be held by a local service organization.

RESULTS

The Hospital Program was evaluated by two measures: A basic monitoring system was used to measure participation relative to the total number of available participants. This system yielded data showing approximately 80% of the potential participants did, in fact, join in a discussion. The second measure was a follow-up questionnaire on which participants indicated on a dichotomous (yes-no) scale whether or not they felt the discussion was of value. Approximately 83% of the respondents indicated that the discussion was of value. Additionally, the follow-up questionnaire was used to find out if any use of the information had taken place. Data indicate that 63% of the respondents had tried at least one of the ideas presented. All evaluation work was done by the Project. The results show that a discussion group focusing on needs of newborns can be effective when held in the hospital with the new parents.

3.0 COMPONENT: Audio-Visual Programs

PERFORMANCE OBJECTIVE

By the end of the project, the "Parent and Child: Partners in Growth" series will be completed as evidenced by 100% compliance with A.V. Internal Criteria

RESULTS

Internal Criterian level(s) for audio-visual programs have been met for all programs.

A.V. Internal Characteristic: Technical quality - pictures

PROCEDURE:

Four professionals/staff were given 10 randomly selected slides from each of three programs and a 5 point Likert scale for each slide (bad-excellent). They were asked to rate slides on the scale. Criterion level: 75% of scripts will be rated good-excellent.

DATA:

Program: Safety

Number of slides rated good-excellent 9 (90%)

Program: Self Image

Number of slides rated good-excellent 9 (90%)

Program: Importance of Play

Number of slides rated good-excellent 8 (80%)

A.V. Internal Characteristic: I.D. of critical concepts

PROCEDURE:

Two staff and one additional professional were given lists of concepts from each of three programs and were asked to rate how critical the concept is to the topic. Rating was done on a 1-5 Likert scale. Criterion level: 75% of concepts rated as critical to very critical.

DATA:

Program: Importance of Play

Number of concepts rated critical to very critical (Mean Scores): 14 of 14 (100%)

Program: Self-Image

Number of concepts rated critical to very critical (Mean Scores): 18 of 18 (100%)

Program: Safety

Number of concepts rated critical to very critical (Mean Scores): 9 of 9 (100%)

A.V. Internal Characteristic: Concept development: theoretically sound

PROCEDURE:

Two staff and one other professional were given randomly selected segments from each of three scripts and asked to rate each on a 1-5 Likert scale (1 = very poorly developed; 5 = very well developed) Criterion level: 75% of critical concepts will be rated as having been well to very well developed along theoretically sound lines. (Mean Score of 4 or above)

TABLE XIII

A.V.: Concept Development

Professionals (n=3)
Mean Scores

Concept #	1	2	3	4	5	6
Mean Score	4.66	3.67	4.33	4.67	4.67	4

Number of concepts rated well-very well developed 5 (83%)

A.V. Internal Characteristic: Concept development - practical

PROCEDURE:

Three parents were given randomly selected segments from each of three scripts and were asked to rate each on a 1-5 Likert scale (1 = very impractical;

5 = well above average practicality)
Criterion level: 75% of concepts will be rated as at least above average in practicality. (Mean Score of 4 or above.)

TABLE XIV

A.V. Concept Development

Parents (n=3)
Mean Scores

Concept #	1	2	3	4	5	6
Mean Score	4	4.33	4	4.33	4.67	5

Number of concepts rated at least above average in practicality 6 (100%)

A.V. Internal Characteristic: Adherence to Learning Principles

PROCEDURE:

A curriculum expert was given each script (3) and asked whether or not the respective scripts adhered to stated learning principles and whether or not the desired level of outcome could be reached. Criterion level: narratives adhere to learning principles; desired outcome could be reached.

DATA:

Responses indicated that all three scripts adhered to stated learning principles and that desired level of outcome could be reached.

A.V. Internal Characteristic: Audio quality

PROCEDURE:

A professional was given randomly selected segments for the master narratives of each program (3) and asked to rate them on 1-5 Likert Scales (1=bad; 5=excellent). Criterion level: 75% of segments will be rated as good to excellent. (Mean Score of 4 or above).

9

DATA:

TABLE XV

A.V. Internal Characteristics Audio Quality Mean Scores			
Script #	1 (Safety)	2 (Self-Image)	3 (Play)
Modulation	4	4.6	4.3
Inflection	4.3	4.6	4.6
Clarity	5	5	4.3
Background N.A.			

Number of segments rated good to excellent
3 (100%)

A.V. Internal Characteristic: Complete Mock-Up

PROCEDURE:

One staff person was given a 1-5 (1=bad; 5=excellent) rating scale and asked to rate each program's final mock-up. Criterion level: 75% of pictures will be rated good to excellent. (Mean Score of 4 or above).

DATA:

Program: Safety

Rating: 4

Program: Self-Image

Rating: 4.3

Program: Play

Rating: 4

Data collected in response to the audio visual program indicates that the "Parent and Child: Partners in Growth: series had been developed in a manner that is both theoretically sound and practical. Being a developmental objective no learner outcomes as such were applicable. However, information was presented indicating that the programs already in use were useable as a valuable adjunct to Child Development classes in the high school and parent discussion groups. The programs have also been used with the hospital program, in doctors' waiting rooms and in a public library.

4.0 COMPONENT: Dial Access

PERFORMANCE OBJECTIVE

A dial access consultation system relating to the development and management of preschool age children will be developed that generates a daily call rate of 1.5 calls per one thousand target population. As a result of using the system 75% of the callers surveyed will indicate both an improvement in their self concept as parents and an improvement in their feelings toward and understanding of their children. Also, 50% of the callers surveyed will indicate they have changed and improved their behavior or seen that of their children's improve.

RESULTS:

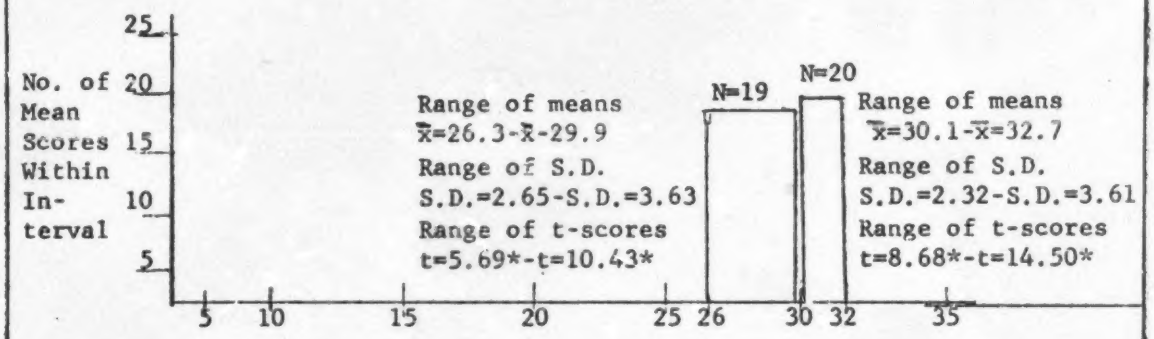
To assess the educational quality of the tape library, seven professionals and three parents were asked to evaluate twenty randomly selected taped consultations. The professionals represented disciplines related to the management of the health and development of preschool children: Child Development teachers, social workers and elementary counselors, pediatricians, nurses and school psychologists. The parents had worked with the project in an advisory role. The evaluations were done as follows: key concepts from each of the twenty randomly selected programs were identified. Those concepts were then randomly sampled to yield a total of 39 concepts for evaluation. Each of the selected concepts was rated across five variables (development, clarity, value, simplicity, and practicality) on a seven point semantic differential scale. Total scores across the five variables could have yielded scores within a range from 5-35 assuming a midpoint of 20.

Total scores for each concept were derived across the five criteron variables and tested for significance utilizing the t-distribution for ten responses. The midpoint of 20 was assumed to be a neutral point.

Distribution of the means of the thirty-nine concepts respresents a range from $\bar{X}$=26.3, S.D.=3.32, t=5.69* to $\bar{x}$=32.7, S.D.=2.52, t=15.12.*

Table I represents a distribution of the means with ranges of means, standard deviations, and t-scores offered within each interval.

TABLE I
Content Validation
Distribution of Means



* p=005.

In summary, judges of the content, on the average, gave the concepts high ratings to the extent that every score was significantly above the mid-point. This has been interpreted to mean that judges viewed each of the concepts positively to the extent that a generalization can be made that all concepts contained in the content of the narratives would be found acceptable.

With content validity established the field test was conducted to determine whether or not the dial access system would indeed reach parents of preschoolers. A call rate of 1.5 calls/day/1,000 population was established as the criterion level. This figure represents the "best judgement" available among experts in the field of dial access systems[1] regarding effective system use. Field test results are presented in Table II. Field test data show a call rate of 1.97/day/1,000 population which exceeds the criterion of 1.5 established for success.

[1] Bartlett, Marjorie H. Ph.B, PH.M, Ann Johnston and Thomas C. Meyer, M.D F.R.C.P. "Dial Access Library - Patient Information Service." New England Journal of Medicine. 288:944-998, May 10 1973.

TABLE II
Field Test
Use Data

Days of Operation:	207
Population Base:	4,493
Calls Received:	1,833
* Calls/day:	8.86
** Calls/day/1,000 population:	1.97

* $\frac{\text{Call received:}}{\text{Days of Operation:}} \quad \frac{1,833}{207} = 8.86$ (calls/day)

** $\frac{\text{Calls/day:}}{\text{Population base}} \quad \frac{8.86}{4.5} = 1.97$ (Calls/day/1,000 population)

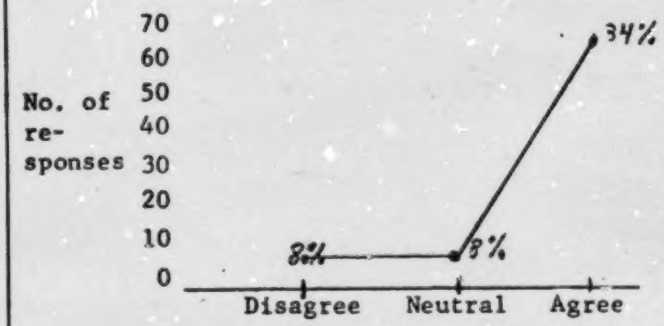
The final stage of the evaluation design focused on the impact of listening to the taped consultations. Data were gathered by utilizing a telephone interview technique and a locally developed instrument. Content validity of the instrument was established by experts in the field including a Director of Research and Development and two University of Wisconsin (Madison) faculty. Three interviewers were trained and participated in a pilot study of the whole process. The pilot survey yielded interrater reliability =.97. The survey instrument contained thirteen 5-point Likert scale items designed to measure the impact of using the system. The instrument yielded an internal consistancy reliability of .86 and SE=2.78.

From a pool of the most recent 500 callers, 100 names were randomly selected. From this list of 100 people, 25 did not participate for a variety of reasons, e.g. disconnected phone. All survey data were gathered in a three day period (Monday, 17 November, 1975 - Wednesday, 19 November 1975). The results of the survey are presented below.

The answer to the general question, "How do people feel about the system?", the two-tailed t-test for dependent samples was utilized to compute the significance, if any, comparing total scores on the survey instrument ($\bar{x}_2$) to an assumed neutral population ($\bar{x}_1$). Aggregated scores for sample #2 (survey) yielded a $\bar{x}$ = 51.4, S.D.= 7.8. Assuming the mid-point on the scale to be neutral, aggregated scores for sample #1 yielded a $\bar{x}$=39, S.D.=0. Calculation of the t-test yielded a t=13.63, p=$\leq$.001, df=3.

To gain a perspective on the impact of the data, Table III is presented to demonstrate that the Dial HARMONY system is effective in getting callers to implement the material presented in the consultations.

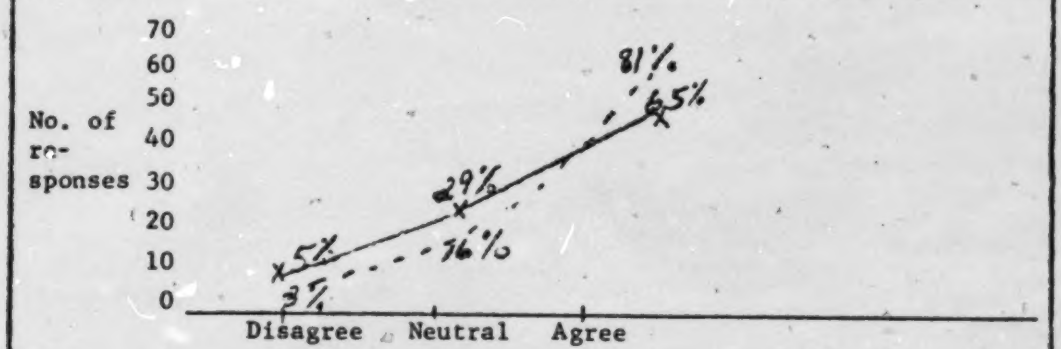
TABLE III
Survey Results
Impact Data: I
Application



Q#7 . "I used at least one idea given on the tape."

Data presenting system impact in the affective domain indicate that, after using Dial HARMONY, 81% of those surveyed felt more positive and understanding about their children's behavior and 65% felt more positive about themselves as parents. (See Table IV below)

TABLE IV
Survey Results
Impact Data: II
Affective Change



X Q#10X "The information on the tape has helped me feel more positive toward myself as a parent."

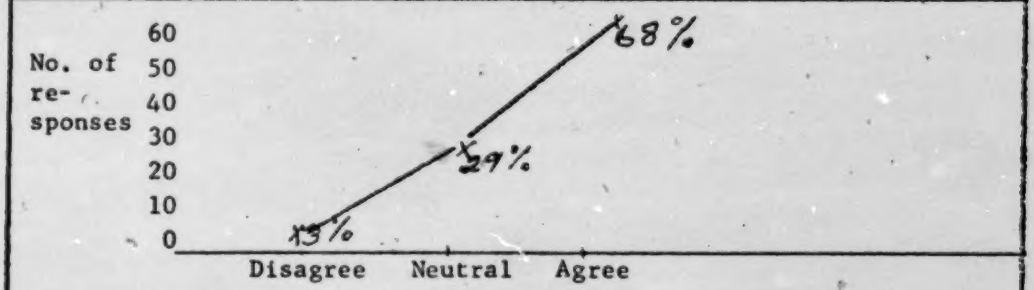
Q#11 "The information on the tape has made me feel more positive and understanding about my child's behavior."

As a result of applying the information in the tapes , four out of every ten parents (40%) indicated a positive change in their children's behavior and 43% indicated an improvement in their own behavior toward their children. (Q. #12, Q. #9)

Further analysis of the survey utilizing cross-tabs indicates that the number of times a person calls is significantly related to the benefits derived from the system: Those who called in more than four times perceived a significantly greater change in their own behavior than those who called in four times or less ($p=.005$, $x^2=8.32$, $df=45$). This analysis further indic tes that of those calling in more than four times, 94% indicated they felt more positive and understanding toward their children's behavior.

Finally, callers were asked to rate their overall perception of the system's value to them as parents. As shown in Table V 68% of those surveyed indicated that Dial HARMONY had helped them build parenting skills.

TABLE V
Survey Results
Impact Data: III
Overall Perception of Value



X Q#13X "In general, I would say that my use of the Harmony system has helped build my skills as a parent."

5.0 COMPONENT: Screening (Clinical)

PERFORMANCE OBJECTIVE

By the end of the project, a minimum of one clinical screening program will have been conducted in at least two districts for children between the ages of 30 months and 48 months, such that at least 80% of the eligible population will participate in the program and will agree that the program has been helpful to them (average above 4 on a 5 point Likert scale).

5.0 COMPONENT: Screening (Home Use)

By the end of the project, a home screening kit applicable to children 12 months to 30 months will have been implemented a minimum of four times, in at least one school district such that 80% of each of the target population will participate in its use and feed back evaluation of the project.

RESULTS

Documentation from the Kettle Moraine District indicates that an average of 93% of the eligible population participated in the screening program over the three project field-tests.

Parent evaluation, gathered during the third field test (February 2-9, 1976), indicated that parents had a very positive response to all aspects of the screening. Results of parent evaluation are given below.

(Parents responded on a scale of 1-5, strongly disagree - strongly agree, to the following questions:)

QUESTION	RESULTS
1. The Early Childhood Screening makes a lot of sense because of its emphasis on developing school readiness and preventing learning problems.	N=127 $\bar{X}$=4.82
2. The parents' group gave me a better understanding of the screening and provided me with information about Kettle Moraine's Early Childhood services.	N=128 $\bar{X}$=4.61
3. The parents' group gave me a chance to discuss concerns about my child.	N=129 $\bar{X}$=4.22
4. When first entering the screening my child and I were warmly greeted and helped to feel comfortable.	N=129 $\bar{X}$=4.93
5. Early Childhood Screening (3 and 4 year old screening) is a valuable service for the Kettle Moraine School District to offer.	N=126 $\bar{X}$=4.80
6. I found the H.A.P.P.E. Screening Booklet to be an easy and fun activity with my child.	N=126 $\bar{X}$=4.77

QUESTION	RESULTS
7. The directions of the H.A.P.P.E. Screening Booklet were easy to understand and carry out with my child.	N=123 $\bar{X}$=4.79
8. I felt comfortable in answering questions about pregnancy history, birth history and feeding history portions of the Health Questionnaire.	N=116 $\bar{X}$=4.48
9. I feel all the questions asked on the Health Form provided the school with important and pertinent information about my child.	N=121 $\bar{X}$=4.48

6.0 COMPONENT: Parent Discussion Groups

PERFORMANCE OBJECTIVE

By the end of the project, a minimum of two parent discussion groups will have been implemented in Kettle Moraine and Germantown (Lake Geneva and Hamilton-Sussex)on a continuing basis such that 80% of the participants will demonstrate:

a) a 50% increase in their awareness of relevant areas of child development as measured on a pre-post basis;

b) in writing, two weeks following the last session, that they have applied a technique at home which they had not previously practiced;

c) a 50% increase in their awareness of relevant resources that are available to them.

RESULTS

The parent group component consists of meetings (usually 4-6 meetings per series) of parents of preschool children to discuss topics or participate in workshops organized around concerns of parenting.

Evaluation of individual meetings and series of meetings was done by Project staff. The evaluation design included: pre-post tests (cognitive domain) given, in one series of groups before and after each meeting, and in another, before and after the series; session evaluations on a Likert scale format soliciting affective responses to each meeting (these were distributed following each meeting); critical incidence questionniares on application of techniques; summary affective evaluation (Likert scale) and a resource awareness questionnaire. The last three instruments were mailed to participants two weeks following the last meeting in a series. Monitoring logs have also been kept by group leaders, and in one group, a resource monitoring log was kept.

Sample size was approximately 90 participants. Objectives measured centered in the cognitive domain. Although all affective measures were high and show unquestionably that parents benefit from the parent group experience, cognitive goals were not met.

Given a population of lower-middle to upper-middle class parents, many of whom were/are professional educators, the goal of large cognitive gains from parent groups is, we feel, unrealistic. Not only is a focus in this area unproductive, but it also seems to miss the most important and genuine gains to be derived from these groups.

The affective data on hand suggest, as do comments both written and verbal from participants, that parent groups are valuable from a supportive, creative, motivational, and sharing aspect.

While parents attest to learning many new ideas and many indicated they had, in fact, applied ideas and techniques at home not previously practiced, existing evidence seems to indicate that the dynamic and success thus far of the Project sponsored groups can be attributed to the affective domain.

Although outside resource leaders for groups have been, in the overwhelming majority of cases, of a high professional calibre, and organization of groups has been, for the most part, either done directly by or supervised by professionals, all parent participants have indicated that it is the sharing of ideas and problems and the opportunity to interact with other parents that keep attendance and enthusiasm high.

Therefore, analysis of data collected from the described design has led the Project staff and evaluation consultants to believe that gains from the parent group would be more accurately tapped in the affective domain.

Besides the primarily affective benefits derived from the parent groups, field tests in three sites indicate that the variety of subject matter, the variety of formats for delivery, and the flexibility inherent in the professional consultant to lay discussion leader continuum make the parent group package a viable source of new information and affective support for parents of preschoolers over a long period of time.

Subjective comments from the parents, both written and oral, support the need for and the gains from the group experience. Parents view the groups as primarily supportive, motivational and interactive. Many have gained new ideas and applied them with their preschool children. Attendance at meetings has been consistently high.

In summary, the improvements that can be attributed to the program are:

1) Parents welcome the opportunity to meet in organized group settings.

2) The supportive nature of the parent groups has given parents feelings that they are not "alone."

3) New ideas and techniques for working with preschoolers have been gained.

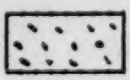
4) Interaction between parents has proven beneficial and helpful to all.

CONTINUATION OF PROJECT COMPONENTS

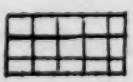
The following chart indicates local adoptions/adaptions of project components. Please refer to key for identification of type of adoption/adaption which has taken place:

	Dial Access	Parent Groups	Audio-Visual Programs	Child Development	Screening	Hospital
Oconomowoc	X		X	...	###	X
Kettle Moraine	X	X	X	X	X	No Hospital in District
Lake Geneva	|||		X			No Hospital in District
Hartford	|||		X	...		X
Hamilton-Sussex	|||	X	X	...		No Hospital in District
Germantown	X		X			No Hospital in District

Key: Adoption of total component (including activities/materials/recommended processes) =

Activities only 

Materials only

Processes only 

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